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ABSTRACT

The Illinois Social and Emotional Health of Infants, Toddlers and Their Families Committee hosted the Early Childhood Mental Health Regional Summit 2000 in November of 2000. Building on the momentum of the U.S. Surgeon General's first report on mental health, which underscores the importance of early preventive mental health services, this summit brought together approximately 100 leaders from Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin to discuss strategies for developing comprehensive statewide systems to meet the social and emotional needs of children birth to age five. Discussions focused on: (1) service delivery; (2) training and workforce development; and (3) policy and funding. Each state was represented by a delegation including early childhood mental health experts, state agency personnel, advocates, trainers, and Head Start and Early Head Start staff. This report summarizes many of the common challenges and strategies that were discussed during the summit and highlights innovative approaches being used in each of the states. The report concludes with a summary of the next steps identified by each state delegation and for the region as a whole. (KB)

FIRST STEPS

EARLY CHILDHOOD MENTAL HEALTH

REGIONAL SUMMIT 2000

CHICAGO, ILLINOIS

NOVEMBER 16-17, 2000

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FIRST STEPS TO SOCIAL AND EMOTIONAL HEALTH

The social and emotional well-being of our youngest children is becoming a greater concern among public officials across the country. Most noteworthy is the U.S. Surgeon General's first-ever report on mental health which underscores the importance of early preventive mental health services in promoting healthy social and emotional development and reducing the likelihood of more serious emotional or behavioral problems later on. Building on this momentum, the Illinois Social and Emotional Health of Infants, Toddlers and Their Families Committee hosted the Early Childhood Mental Health Regional Summit 2000 in Chicago on November 16th and 17th, 2000.



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"Early childhood mental health is increasingly being taken into consideration as an important aspect of early childhood development, as an important component of school readiness, and as a service that needs expansion in schools, Part C, Early Intervention, and other programs for infants, toddlers and young children."

- Cindy Oser, ZERO TO THREE

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The Summit was sponsored by the U.S. Department of Health and Human Services, Office of Family and Child Development, Region V Head Start. It brought together approximately 100 leaders from Illinois, Indiana, Michigan, Minnesota, Ohio and Wisconsin to discuss strategies for developing comprehensive statewide systems to meet the social and emotional needs of children birth to age five with a particular focus on: (1) service delivery, (2) training and workforce development and (3) policy and funding. Each state was represented by a knowledgeable and diverse delegation that included early childhood mental health experts, state agency personnel, advocates, trainers, and Head Start and Early Head Start staff.



Summit participants had the opportunity to hear from national experts in the field including: Jane Knitzer, with the National Center for Children in Poverty, Cindy Oser, with ZERO TO THREE, and Suzanne Martone, with the federal Maternal and Child Health Bureau of the Health Resources and Services Administration.

All six states that participated in the Summit have been grappling with various issues related to establishing a statewide system to appropriately address the social and emotional needs of children birth to age five and their families. Each state is at a different stage of development and each has had unique opportunities on which to build. This report summarizes many of the common challenges and strategies that were discussed during the Summit and highlights innovative approaches being used in each of the states. The report concludes with a summary of the next steps identified by each state delegation and for the region as a whole.

BUILDING BLOCKS OF A STATEWIDE SYSTEM OF EARLY CHILDHOOD MENTAL HEALTH SERVICES

A. SERVICE DELIVERY

There is increasing evidence that the foundation of emotional competence is laid in the first few years of life. The quality of care a child receives, the attachments he forms with the adults who care for him and the richness of his experiences all influence the course of his social and emotional health and development. Not surprisingly, many of the emotional and behavioral problems that are identified after children enter school often have their origins in the first few years of life. Many of these problems can be prevented if we gain a deeper understanding of how these issues arise, and more importantly, if we develop early childhood mental health services to support families with young children.

Early childhood mental health needs to be considered within the context of the existing spectrum of early childhood programs. That is, the promotion of healthy social and emotional development must become an integral component of the programs already serving families. Providers must also have support to appropriately identify children and families with specific mental health issues and be able to link them to intervention services. To the extent possible, these services should be available where children and families are already found including early care and education settings, primary health care settings, and their own homes.

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"The aim of early childhood mental health is to improve the social and emotional well-being of young children and families by strengthening relationships with caregivers, and promoting age-appropriate social and emotional skills. Early childhood mental health also seeks to ensure that young children experiencing clearly atypical emotional and behavioral development and their families have access to needed services and supports."

- Jane Knitzer, National Center for Children in Poverty

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Service Delivery Challenges

- Lack of a full continuum of services that includes promotion, prevention and intervention
- Limited funding for early childhood mental health prevention and intervention services and uneven resources within and across states
- Mandated provision of mental health services and/or referrals coupled with the unavailability of these services
- Meeting the unique service needs of specific populations (e.g., children who have been kicked out of child care due to severe behavioral difficulties; children exposed to violence)
- Lack of coordination and collaboration across multiple systems – education, mental health, juvenile justice, child welfare, prevention, early intervention, child care, health care
- System and service differences between urban and rural communities and unique challenges in meeting service needs in rural areas
- Lack of adequately trained and qualified staff
- Lack of an extensive research base on effective program models

Service Delivery Strategies

- Conduct statewide surveys to identify the need for early childhood mental health services and the number of providers trained to deliver services
- Develop best practices and guidelines for the promotion of social and emotional development in early childhood programs
- Through Healthy Child Care America, build a mental health component into the state child care system by locating early childhood mental health specialists at regional Child Care Resource and Referral agencies
- Integrate early childhood mental health prevention and intervention services into existing programs and use mental health consultants as appropriate
- Build program models and referral mechanisms that provide continuity and support to families accessing mental health intervention services
- Develop parent mentoring opportunities and parent support programs
- Develop program models that begin working with mothers prenatally

GUIDELINES FOR INFANT MENTAL HEALTH PROGRAMS

The Michigan Association for Infant Mental Health (MI-AIMH) has published Guidelines for Infant Mental Health Programs which includes an overview of infant mental health intervention services, program goals, typically used strategies, and staffing issues. The Guidelines can be obtained for \$3. Checks should be made payable to MI-AIMH and sent to Kellogg Center, Room 4, Michigan State University, East Lansing, MI 48824. For additional inquiries contact MI-AIMH at (517) 432-3793 or hought17@msu.edu.

WISCONSIN – COMMITTED TO ADDRESSING POSTPARTUM DEPRESSION

In 1999, the University of Wisconsin Medical School – Area Health Education Center (AHEC) launched the Statewide Public Awareness Initiative on Postpartum Depression. This initiative brought together representatives from the Wisconsin Department of Health and Family Services – Bureau of Community Mental Health and the Maternal and Child Health Program, the University of Wisconsin Department of Psychiatry and the Wisconsin Association for Perinatal Care, as well as health and mental health professionals and women suffering from postpartum depression. The initiative seeks to educate both consumers and professionals regarding the importance of early detection, referral and treatment of postpartum depression.

Activities have included:

- Development of a brochure entitled "More Than Just the Blues"
- Postpartum depression packet of research articles, screening tools and resources distributed to pediatricians, obstetricians, gynecologists and family practitioners across the state
- Workshop presentations to home visitors, nurses and physicians regarding postpartum depression

In addition to the Statewide Public Awareness Initiative, the University of Wisconsin Department of Psychiatry Parent-Infant Clinic has developed an intervention model to address mother, infant and family needs associated with postpartum depression. For more information contact Roseanne Clark with the University of Wisconsin Department of Psychiatry at (608) 263-6067.

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"The range of early childhood mental health services should include promotion and maintenance of social and emotional well-being, prevention of negative consequences of early experience and intervention that is highly purposeful, individualized to the child and family, and which requires skilled, supported and supervised practitioners."

- Cindy Oser

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Screening and Assessments

Early screening and assessment of mental health issues help to ensure that families with young children are linked to the services they may need. Programs need to clearly define under what circumstances screenings are necessary and appropriate, and when to incorporate the use of a tool. Furthermore, training and technical assistance must be provided to direct service staff involved in administering tools and interpreting the results. Most developmental screening methods and tools currently used by early childhood programs and providers do not adequately cover social and emotional domains. However, at the Summit, state delegates identified over 30 tools that can be used to assess mental health issues in early childhood.



SCREENING AND ASSESSMENTS UP-CLOSE

Ohio and Illinois have spent time reviewing the current array of developmental screening and assessment tools and have each compiled a list of tools that are most appropriate for assessing mental health issues in early childhood. For more information regarding the work that has been done around screening and assessment tools in Ohio, contact Maria Himmeger with the Ohio Department of Mental Health at (614) 466-1984 or himmegerm@mhmail.mh.state.oh.us. For Illinois, contact Cheryl Mroz with the Illinois Association for Infant Mental Health at (312) 409-9161 or CherylMroz@hotmail.com.

B. TRAINING AND WORKFORCE DEVELOPMENT

Two key challenges to developing a system of mental health services for the birth to five population include: (1) the lack of training for early childhood providers regarding the promotion of social and emotional development and the early identification of mental health issues and (2) the shortage of mental health therapists who are trained to work with the birth to five population. Without an infrastructure to meet these training and workforce challenges, states will fall short of being able to provide comprehensive statewide services.

A wide range of providers touch the lives of children birth to age five. Training efforts must reach this diverse array of individuals which includes:

- Early childhood caregivers and providers
- Part C, Early Intervention providers
- Pediatricians and family practitioners
- Nurses
- Home visitors
- Social workers
- Psychologists
- Child protection agency workers and foster parents
- Law enforcement and judicial system personnel
- Mental health specialists
- Parents
- Educators and teachers
- Prevention program staff



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"Programs targeted to young children and families are not usually staffed or organized to provide the kinds of services that the most stressed children or their families need. Staff members report that they recognize young children and families at special risk, but that they are at a loss about how to wrap an adequate system of support around these families."

- Jane Knitzer

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Training and Workforce Development Challenges

- Barriers to building a multi-disciplinary training curriculum include:
 - Relevance of training across different professions
 - Turf issues
 - Staff resistance to training because they feel they are already experts
- Stigmas associated with "mental health" among early childhood providers
- Credentialing issues
- Isolation of providers in rural areas
- Lack of secondary education curricula and degree programs focusing on early childhood mental health
- An inadequate articulation system across educational institutions creating obstacles to workforce development

Training and Workforce Development Strategies

- Bring early childhood and infant mental health communities together to discuss credentialing issues and encourage state government to play a role in this process
- Work with professional associations to institutionalize training through certificate programs and professional development curricula
- Incorporate clinical supervision as a key element of ongoing staff development in early childhood programs
- Develop ways to bridge the human services and child development communities (e.g., co-train for common knowledge and core competencies)
- Develop a "train the trainer model" and provider mentoring opportunities
- Develop a tiered training system in which training opportunities match experience and responsibilities (i.e., direct service staff, supervisors, administrators)
- Market and disseminate training to a wider audience, including parents through videos and parent mentoring opportunities
- Use state-of-the-art training techniques such as video-conferencing and web-based curricula
- Improve existing training efforts by developing:
 - General protocol for all trainings
 - Centralized place in the state to locate training information
 - Mechanisms for identifying and addressing on-going training gaps
- Establish an articulation system to facilitate the transfer of relevant early childhood credits across educational institutions
- Cultivate a commitment by state government to train early childhood providers regarding the promotion of social and emotional development and the identification of mental health issues

MINNESOTA'S TRAINING AND WORKFORCE DEVELOPMENT MODEL IN THE WORKS

As a result of a 2-year long feasibility study, the Minnesota Infant Mental Health Project has made training and workforce development a top priority and is in the process of developing a two-tiered workforce development model. The first part entails expanding the training opportunities available to early childhood providers regarding social and emotional development. The second part is an interdisciplinary clinical training practicum in infant mental health for master's level professionals which will be available through the University of Minnesota. For more information contact Christopher Watson with the Minnesota Infant Mental Health Project at (612) 625-2898.

TRAINING, THE CORNERSTONE OF INDIANA'S SYSTEM BUILDING EFFORTS

In 1997, under the auspices of the Special Projects of Regional and National Significance (SPRANS) grant, the Indiana State Department of Health launched Indiana's Integrated Services for Children with Special Health Care Needs (ages birth to three). Through this initiative, Indiana created the Infant Mental Health - Development Team (IMH-DT) to increase the cadre of providers able to effectively meet the mental health needs of infants, toddlers and their families. Recently, the team surveyed parents and providers in the First Steps Early Intervention (Part C) system regarding their training needs. Further, in collaboration with the newly formed Indiana Association for Infant and Toddler Mental Health, the IMH-DT is piloting infant mental health mentorships for professionals who touch the lives of infants and toddlers in three communities in the state. Through this initiative, professionals come together on a regular basis to receive training and support from infant mental health experts. The Association, established as an outgrowth of the IMH-DT, is also researching the possibility of developing a web-based data system to track training needs and the availability of infant mental health providers. For more information contact Barbara Alborn, SPRANS grant project director at (317) 233-8922 or Steve Viehweg, chair of the Indiana Association for Infant and Toddler Mental Health at (317) 274-8167.

C. POLICY AND FUNDING

Developing and sustaining a truly comprehensive system of early childhood mental health services is also dependent on good public policy and secure funding streams. Recent trends highlight opportunities for cultivating an understanding of and support for this issue at the state and national level. We must capitalize on opportunities such as:

- The growing awareness and attention to early childhood research findings and the focus on prevention
- The "worksite wellness" trend in corporate America (e.g. Wal-Mart is developing an on-site parenting initiative)
- Increased attention to the importance of "school readiness"
- The U.S. Surgeon General's first-ever report on mental health issued in 2000
- Public awareness and concern about the increasing use of psychotropic drugs with very young children
- Efforts to promote parity for behavioral health services across the life span
- Increased attention to school violence and the search for prevention strategies

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"There are a number of potential points of both strategic and fiscal leverage that states and communities can use to strengthen an early childhood mental health/emotional wellness agenda. At the state level, collaborations among health, mental health, and child care agencies provide an important place to start. Federal dollars at the state level can also be helpful. For example, through the Maternal and Child Health Bureau's Healthy Child Care grants, every state has a coordinator charged to implement the overall goals of Healthy Child Care America, which include enhancing the mental health of young children in child care settings."

- Jane Knitzer

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Potential Funding Sources:

Federal Level

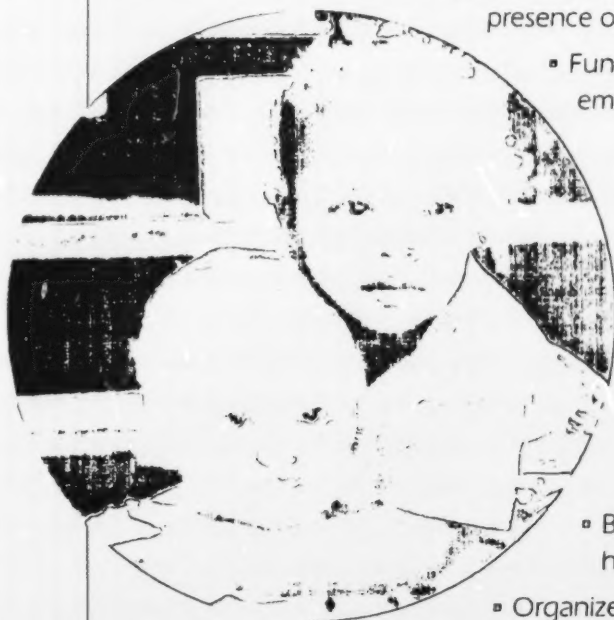
- U.S. Department of Health and Human Services
 - Administration for Children and Families
 - Child Care and Development Block Grant – quality improvement funds
 - Head Start and Early Head Start grants
 - Social Services Block Grant
 - Temporary Assistance for Needy Families (TANF)
 - Health Care Financing Administration
 - Medicaid (Title XIX)
 - State Children's Health Insurance Program (SCHIP) (Title XXI)
 - Health Resources and Services Administration
 - Maternal and Child Health Block Grant (Title V)
 - Substance Abuse and Mental Health Services Administration
 - Community Mental Health Services Block Grant
 - Substance Abuse Prevention and Treatment Block Grant
 - Build Mentally Healthy Communities Grant
- U.S. Department of Education, Office of Special Education Programs
 - Part C of the Individuals with Disabilities Education Act (IDEA)
- U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention
 - Safe Start

State Level

State funding streams to support a system of early childhood mental health services are unique in each state and depend on fiscal and political opportunities and leverage. Examples of funding streams that may be available in some states include tobacco settlement funds and cigarette tax revenues.

Policy and Funding Challenges

- Lack of understanding among policy makers and the general public regarding early childhood mental health issues and service models
- Categorical funding streams do not fit with the principles and practice of early childhood mental health and create barriers to collaboration across programs and systems
- State and community mental health agencies have traditionally ignored the fact that young children have emotional and behavioral problems
 - Access to mental health services typically requires the presence of a disorder or a diagnostic label
 - Funds are targeted primarily for children with severe emotional disturbance



Policy and Funding Strategies

- Create an early childhood mental health clearinghouse responsible for collecting and disseminating relevant public education materials
- Garner support and involvement from appropriate state agencies
- Solicit input from all key stakeholders including tough critics
- Build and sustain an active statewide infant mental health association
- Organize grassroots support
- Collect data to identify scope of need and availability of services
- Build support for early childhood mental health services among legislators by:
 - Arranging individual meetings and disseminating key reports in the field
 - Identifying potential legislative champions
 - Focusing on outcomes and benefits for families and cost savings to the state
 - Linking early childhood mental health with "school readiness" (e.g., "Emotional ABCs")
 - Sharing parents' stories with legislators

THE OHIO DEPARTMENT OF MENTAL HEALTH (ODMH) LEADING THE WAY

The ODMH Early Childhood Mental Health Initiative was launched last year to increase the quality of Ohio's existing early childhood programs by adding mental health consultation services. In 2000, the Ohio General Assembly included new funding in the Department's budget to specifically focus attention on the healthy emotional development of Ohio's youngest citizens. This year, grants totaling \$1.235 million were awarded to 25 community mental health boards to support activities including direct consultation, cross systems training, parent education and public awareness. For more information contact Marla Himmeger with the Ohio Department of Mental Health at (614) 466-1984 or himmegerm@mhmail.mh.state.oh.us.

D. STATE-BY-STATE NEXT STEPS

At the Summit, state delegations had the opportunity to convene and discuss strategies for their state related to each of the specific topic areas – service delivery, training and workforce development, and policy and funding. At the conclusion of the Summit, each state highlighted its priorities and next steps for moving forward.

Illinois

- Develop public awareness and education materials about the importance of social and emotional developmental and mental health issues in early childhood
- Determine the need for and availability of mental health services for the birth to five population and their families through a survey of early childhood programs and providers
- Survey community behavioral health care agencies to determine their current and potential role in providing early childhood mental health services
- Collect data regarding the prevalence of mental health issues in children and presenting issues such as maternal depression
- Build relationships with:
 - Community mental health agencies
 - Domestic violence and substance abuse communities
 - Local health departments
 - Child welfare
 - Pediatricians/Family Physicians
- Develop a strategic plan to address the social and emotional health needs of children birth to age five and their families in Illinois
- Continue to learn from and collaborate with other states

Indiana

- Investigate other states' principles, core competencies and models for training related to early childhood mental health
- Hold a forum with key stakeholders to determine common guidelines across programs and systems (e.g., confidentiality, collaboration and teamwork, promotion of emotional wellness)
- Establish guiding principles and common language around infant and toddler mental health to provide a framework for service delivery, training, and funding and policy
- Determine the feasibility of a web-based data system to track training needs and availability of infant mental health providers across the state

Michigan

- Create a "Virtual Training Institute" for birth to three providers
- Develop a coordinated public awareness campaign
- Expand funding for the Early Childhood Infant Mental Health and Child Care Expulsion initiatives through the Michigan Department of Community Health

Minnesota

- Raise awareness among key stakeholders at the state and community level including legislators, business leaders and educators
- Continue to expand training opportunities for a broad range of early childhood providers and further develop the interdisciplinary clinical training practicum in infant mental health for master's level professionals
- Expand the Minnesota Infant Mental Health Project to include a broader range of early childhood providers and racial and ethnic diversity
- Make use of existing technology in training efforts such as video-conferencing
- Host a statewide early childhood mental health conference
- Link with the Minnesota Early Care and Education Finance Commission founded two years ago by three childhood policy organizations

Ohio

- Build on critical early childhood mental health system components already in place: state leadership, flexible dollars, local collaboration, local decision-making, and a focus on birth to five
- Continue to build relationships with other entities at state and local levels including education
- Build stronger partnerships with parents, including developing a training curriculum for parents to present to communities
- Develop ways to address current training needs including regional meetings, teleconferences, and videoconferences
- Expand public awareness regarding early childhood mental health issues
- Explore other ways to leverage funding at the state and local level
- Evaluate and analyze existing early childhood programs around the state



Wisconsin

- Improve collaboration and integration between mental health services and the broad base of health, social services, and early childhood care and education programs
- Create a state infant mental health association
- Work with the Wisconsin Bureau of Community Mental Health and the Wisconsin Mental Health Association to develop legislative initiatives that include prevention and intervention services for young children
- Develop broad-based early childhood mental health training and consultation
- Begin to develop early childhood mental health intervention services at both the state and community levels

E. REGIONAL NEXT STEPS

At the close of the Summit, state delegates expressed interest in joining as a region to further discuss and act upon goals, ideals and strategies related to improving the social and emotional health of children birth to age five. State delegates discussed the possibility of forming a regional work group to:

- Develop a regional and possibly national credentialing system to minimize training barriers across states
- Develop regional training for early childhood providers on issues related to social and emotional development and mental health issues
- Collect and disseminate key materials produced in each state (e.g., surveys, brochures, reports)
- Coordinate and manage a list-serv to facilitate on-going dialogue among the six states
- Develop core competencies related to early childhood mental health
- Develop general public awareness materials and marketing tools to assist states in educating the public about the importance of promoting early childhood social and emotional development
- Provide technical assistance and consultation to states in tailoring public awareness campaigns and marketing tools for different audiences
- Mobilize states to advocate at the national level for funding to support early childhood mental health services
- Create and coordinate cross-state mentoring opportunities
- Offer teleconferences that are topic-specific to facilitate sharing of ideas and strategies
- Create future opportunities to come together as a region to give updates on state initiatives, share ideas and strategies



**SUMMIT HOST – THE ILLINOIS SOCIAL AND
EMOTIONAL HEALTH OF INFANTS, TODDLERS
AND THEIR FAMILIES COMMITTEE**

The Birth to Three Project and the Unmet Needs Project are both statewide initiatives seeking to improve the availability and quality of prevention and Early Intervention services for expecting parents and families with infants and toddlers in Illinois. Through community discussions during the initial stages of these two projects in 1999, early childhood service providers, parents and other stakeholders identified gaps in mental health services for this population. These findings led the two projects to jointly form a committee to address the issue. The Illinois Association for Infant Mental Health and Voices for Illinois Children also have been vital partners in the committee. For more information contact Paula Casas with the Ounce of Prevention Fund at pcasas@ounceofprevention.org or (312) 922-3863 x368.



RESOURCES

**Federation of Families for
Children's Mental Health**

1101 King Street
Suite 420
Alexandria, VA 22314-2971
(703) 684-7710
www.ffcmh.org

**National Technical Assistance Center
for Children's Mental Health**

Georgetown University
Child Development Center
3307 M Street, NW
Washington, DC 20007-3935
(202) 687-5000 • www.georgetown.edu

National Center for Children in Poverty

The Joseph L. Mailman School of Public Health
Columbia University
154 Haven Avenue
New York, NY 10032
(212) 304-7100 • www.nccp.org

ZERO TO THREE

2000 M Street, NW Suite 200
Washington, DC 20036
(202) 638-1144 • Publications: (800) 899-4301
www.zerotothree.org

SELECTED PUBLICATIONS

Early Childhood Mental Health Consultation

By Elena Cohen and Roxanne Kaufmann

Available through the National Technical Assistance Center for Children's Mental Health
Georgetown University Child Development Center
(800) 899-4301

Florida's Strategic Plan for Infant Mental Health

Available through the Florida State University Center for Prevention and Early
Intervention Policy
(850) 922-1300

Promoting Resilience: Helping Young Children and Parents Affected by Substance Abuse, Domestic Violence, and Depression in the Context of Welfare Reform

By Jane Knitzer

Available through the National Center for Children in Poverty
(212) 304-7100

Ready to Succeed: The Lasting Effects of Early Relationships

An Ounce of Prevention Fund and ZERO TO THREE Paper by Theresa Hawley
Available through the Ounce of Prevention Fund
(312) 922-3863 • Contact: Matt Saccaro

Safe Start: How Early Experiences Can Help Reduce Violence

An Ounce of Prevention Fund Paper by Theresa Hawley
Available through the Ounce of Prevention Fund
(312) 922-3863 • Contact: Matt Saccaro

U.S. Surgeon General's Report on Mental Health

Available through the U.S. Surgeon General's Office
(202) 512-1800 • www.surgeongeneral.gov

Using Mental Health Strategies to Move the Early Childhood Agenda and Promote School Readiness

By Jane Knitzer

Available through the National Center for Children in Poverty
(212) 304-7100

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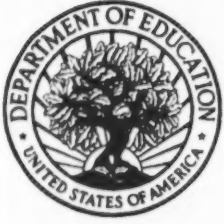
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